

# Children's Oral Health Services in Connecticut: Using Medicaid and CHIP Data to Evaluate Program Change

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# The HUSKY Program



**Improving Care and Proving It**

# Independent Performance Monitoring

- Since 1995, a state-funded Medicaid agency -- Hartford Foundation partnership
- Data analyses and reporting by Connecticut Voices for Children, a non-profit research and advocacy organization
- Focus on enrollment, children's health services (including dental care) and maternal health/birth outcomes
- Unique access to HUSKY Program data for monitoring access, utilization, and the impact of program changes

# 2008 Lawsuit Settlement Agreement

- Provider reimbursement for children's services increased significantly, effective April 1, 2008
- Dental services were "carved-out" from risk-based Medicaid managed care contracts effective September 1, 2008
- Medicaid agency contracted for administrative services (customer service, provider relations, outreach initiatives, improved reporting)
- Medicaid agency reports regularly to plaintiffs on utilization and program developments

# Changes in Medicaid Fee Schedule for Children's Dental Services

Billing Code	Procedure	Fee in 2005	Fee in 2008
D0120	Periodic oral evaluation	\$18.80	\$35.00
D0140	Limited evaluation-- problem	\$20.80	\$48.00
D0150	Comprehensive oral evaluation	\$24.58	\$65.00
D1120	Prophylaxis (child)	\$22.56	\$46.00
D1351	Sealant (per tooth)	\$18.46	\$40.00
D2140	Amalgam (1 surface)	\$30.82	\$95.00
D2150	Amalgam (2 surfaces)	\$39.14	\$114.00

# Evaluation of Program Change

## Purpose

- To describe children's dental services utilization in 2009-2010 and compare with utilization rates under managed care prior to program changes

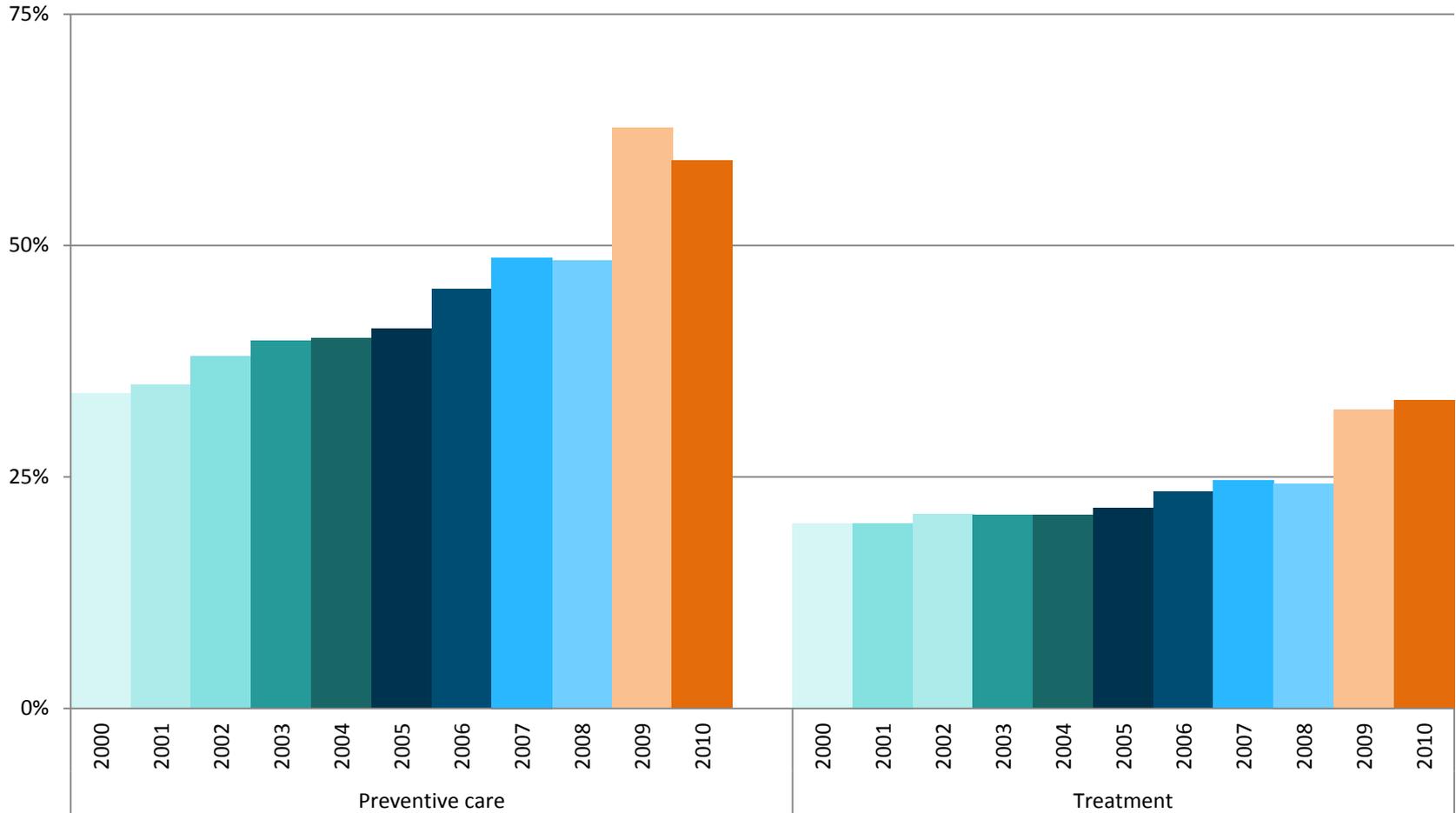
## Methods

- Identified children who were continuously enrolled in HUSKY A (Medicaid) or HUSKY B (CHIP)
- Searched for claims for dental care
- Reported utilization rates by additional factors associated with obtaining care (age, race/ethnicity, primary language, residence)

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# IMPACT OF PROGRAM CHANGES

# Utilization in HUSKY A Increased



# More Children Received Dental Care

Type of Care	HUSKY A (Medicaid)		
	Before program changes	After program changes	
	2008	2009	2010
Any Dental Care	56%	68%*	68%*
Preventive Care	48%	63%*	59%*
Treatment	24%	32%*	33%*
Sealants	18%	23%*	22%*

\*Rates in 2009 and 2010 are significantly higher than rate in 2008 ( $p < .001$ )

Source: Connecticut Voices for Children analyses of HUSKY Program data

# Utilization Was Higher in HUSKY B (CHIP)

	2010	
Type of Care	HUSKY A (Medicaid)	HUSKY B (CHIP)
Any Dental Care	68%	73%*
Preventive Care	59%	70%*
Treatment	33%	32%
Sealants	22%	24%

\*Rate for children in HUSKY B is significantly higher than rate for children in HUSKY A ( $p < .001$ )

Source: Connecticut Voices for Children analyses of HUSKY Program data

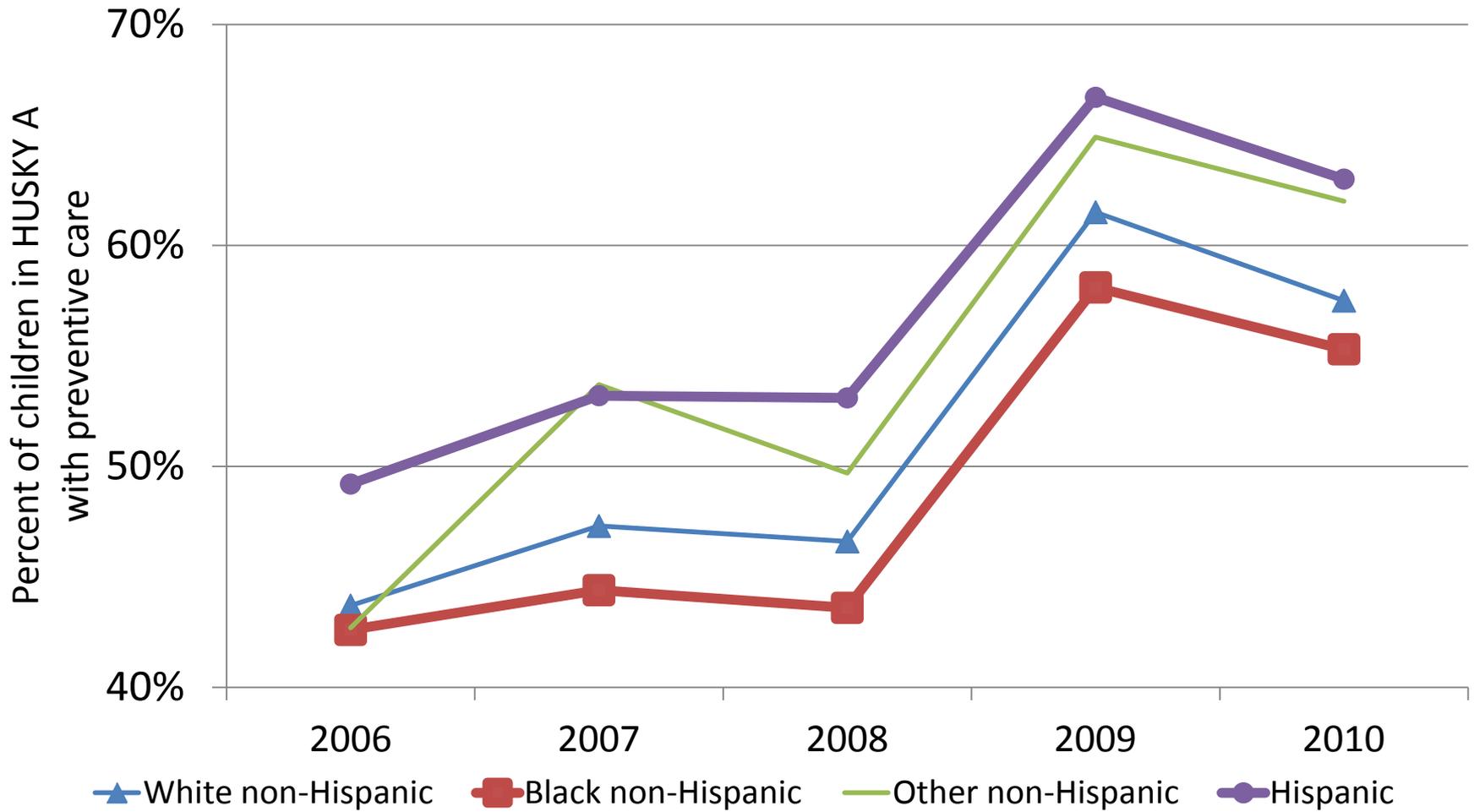
# More Young Children Received Care

- Preventive services: 32% of children under 3 received care from dental professionals in 2010, up from 14% in 2008
- Treatment: 3% of children under 3 received care, up from 1.5% in 2008
- Primary care: Small but increasing number of young children received oral health services from pediatric care providers



AnnetteRomanenko/144342848/Photos.com

# Racial/Ethnic Differences Persisted



# Conclusions

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Investment of additional funding for increased reimbursement for targeted services AND other program enhancements contributed to improved access to care in HUSKY A (Medicaid)

# Areas for Further Study

- Persistence of racial/ethnic differences in utilization
- Effect on program changes on emergency care utilization
- Effect of targeted outreach initiatives on access to care and utilization
- Effect of program changes on adult care

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